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"NEC TENUI PENNA."

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R. O. COWLING, M. D., and L. P. YANDELL, Jr., M. D.,
EDITORS.

SHAPES HOT FROM TARTARUS.

The wholesale health-business is apt to run into purely commercial grooves. In the consumption markets of Florida, upon the cards which are placed upon the hotel bed-room doors giving the lodger information as to the price of board, hours for meals, etc., there is added the cheerful postscript that there will be twenty-five dollars fine for dying in the room. This is probably intended to scare people out of injuring the reputation of the place, and possibly may have some sanitary influence; but to the invalid just coming from the sentimentality of his home its business feature stands out as most prominent. And again, if one be so unfortunate as to give up his ghost at any of the sanitariums along the Mediterranean coast, could he revisit the glimpses of the moon he would find that a pretty even division of his estate had been made between the doctors, hotel-keepers, and embalmers of the place.

Terribly demoralizing is the health-resort, and more so in proportion to the reputation it has earned. We have n't heard of any place, however, which exactly matches the Hot Springs in Arkansas. Not that the prices charged at that Tartarean resort are exorbitant—they strike us in fact as being undignifiedly small—but the method of procuring them is as novel as it is nasty. The medical drummer seizes upon the invalid just arrived, with all the certainty that the hotel-agent pounces upon his baggage. In fact the two offices are often combined, and

the same facile tongue which describes the beauty of some Boniface's dinners is taught to descant on the skill of some pillster in making one digest them. It is said, too, that in comparison to this Hot Springs drummer the Niagara hackman is a drooping violet. Occasions have not been few when in the strife for custom rival hotels and doctors have entertained and treated isolated arms or legs of the unfortunate individual in dispute. Affairs are indeed in a bad way at Hot Springs. The busy season brings immense crowds to its baths and mercury; and, unfortunately for their peace of mind and body, brings also a horde of doctors and innkeepers, and the struggle for existence among all the classes is terrific. Of course there is the Surgical and Medical Institute, "chartered by the state," which cures diseases on joint-stock principles, which must of necessity be better than by private hand. The particular one at Hot Springs, which we see advertised in the local paper, is run by a number of physicians of all sorts of pathies, that no victim, whatever be the special form of his idiocy, may escape. It is a combination, we have learned, formed by a number of third-class hasheries, fifth-rate practitioners, and first-class drummers, to make a corner in the invalid-market. This is all very bad, but we are accustomed to these creatures in other parts of the world; we are sorry, however, to see that the atmosphere of the Springs has tainted the regulars of the place to a very unbecoming degree. We have heard it more than hinted that the broker element which figures in the conduct of the institute is not wholly wanting in the practice outside. We can not vouch for it,

however, and will not press it; but we can assert—and draw the documents, if they be called for—that the advertising feature of the institute can be discounted by the regulars. There lies before us the “Illustrated Monthly,” published at Hot Springs, which is gotten out undeniably in the interests of the hotel-keepers and certain physicians. It contains life-sketches of three of the latter individuals—looking painfully like autobiographies—written in a Jenkinsonian style worthy of the New York *Henri*, and is adorned, moreover, with pictures of the gentlemen eulogized. One makes the limited specialty of “blood-diseases, nervous diseases, chronic diseases, diseases of the skin, female diseases, etc.” All have been successful practitioners, are celebrities, and so on. These doctors are no outcasts either, which one might say of the institute-men, but members of regular medical associations, from the American Association down. “The paper is read by twenty-five thousand invalids,” says the Illustrated Advertiser; which makes it, no doubt, a capital medium for gentlemen seeking practice, but renders it a very poor one, we imagine, for those who wish to keep standing with their profession. What temptation “successful” men can have for this sort of advertisement, and what explanation “regular” doctors can give for this sort of business, we can not conceive. More sketches and likenesses are to follow next month, we understand. We beg those who contemplate engaging in this business to pause before they do so. The prosperity of the Hot Springs depends much upon the profession of the country at large. It would like to learn something trustworthy as to the merits of the Springs—whether there be any thing more in them than depends upon the mercury which one gets there in such quantities, and the vapor baths, which may be taken with far greater comfort at home; but it will look with considerable suspicion on the evidence of such purely commercial characters as the Arkansas resort seems to develop. We trust the virtuous men who are left, and we are glad to know that there

are those there who retain old-fashioned notions—however quixotic they may seem in their latter days—as to the dignity of medicine, may be strong enough to put down unbecoming practices. They certainly can rely upon the Louisville medical press for assistance.

A WELCOME TRIBUTE.

In these days when physicians observe in almost every newspaper, religious and secular, and in the almanacs which flood the country, certificates from clergymen vaunting the reputed and magic healing power of “Perry Davis’s Pain Killer,” “Simmons’s Liver Regulator,” and other products of ignorant and fraudulent quackery, it is refreshing to find that in the higher walks of the clerical profession there is an appreciation of honorable medicine. Why the men of the white neck-cloth should so frequently serve as allies and supporters of the quack and imposter, who, for the purpose of fraudulent gain, trifles with the precious health of men, women, and children, has long been a mystery to physicians. Being, as a class, possessed of fine education and a high degree of culture, being members of a calling in the highest degree benevolent, and being familiar, by frequent visits to the sick chamber, with the duties and labors of the true physician, it is to be naturally expected that the clergy would almost universally support the medical profession in its noble purposes, and oppose the destructive and fraudulent efforts of the quack and nostrum-vendor. That this reasonable expectation on the part of physicians is almost daily disappointed, is too familiar to the members of the medical profession; and hence the following tribute from the pen of the Rev. B. M. Palmer, D. D., LL. D., of New Orleans, one of the most distinguished clergymen of the United States, will be read with sincere pleasure by our readers:

“Nature has been searched through her whole domain, yielding up her secret and long-hoarded treasures to the relentless interrogations of science.

Her products have been subjected to the tortures of analysis, till their hidden and essential principles have been eliminated and held apart. The human system has been laid bare to the inspection of the anatomist, until the seat of every organ has been defined, its respective functions accurately described, the reciprocal influence of each upon the rest carefully noted, and the action of every remedial agent experimentally demonstrated. In short, a benevolent curiosity has so pushed its researches that in the lapse of ages medical science has grown into a grandeur of proportions which compels the homage of mankind. Whatever gibes it may encounter from the thoughtless, because at first empirical and uncertain in its researches, it never fails to justify itself in our hours of peril and of pain, and to wring the homage which it is the shame of many so reluctantly to pay.

"These hints are scarcely superfluous if they recall your attention to the fact that, however the profession of medicine may take its spring in the sufferings of mankind, it owes its birth not less to that instinctive benevolence of the human heart which can not look upon distress without a wish to heal. Of this benevolence the medical profession is the special exponent; beyond all others it represents, as a class, the power of this sentiment, than which there is none more noble in human nature. Other men *may* be benevolent; the physician *must* be. Other men do good upon *occasions*; the physician *habitually* and by the very import of his calling. Other men relieve the destitute and the suffering by indirection, giving their substance for the erection of hospitals and asylums, distributing their alms by a proxy; the physician in his own person gives the sweat of his brow and the labor of his hand, the anxieties of his soul and the toil of his intellect. Amid the sultry heats of summer, as well as in the frost and sleet of winter; in the glare of noon and in the midnight hour when deep sleep falleth upon men; when worn with watching and exhausted with fatigue, with the body struggling against incipient disease, and with the heart often bowed down under the pressure of private sorrow—at all times the calls of humanity must be promptly obeyed, and he must go with equal cheerfulness into the hut of the pauper as into the palace of the prince.

"This is not one of the commonplaces of flattery, but the utterance of a profound conviction that no class in society renders so large an amount of unrequited service to their fellow-men as the medical class. Their ethical code, which only gives formal expression to the purest impulses of our common nature, forbids the question of fee or reward at the moment when first summoned to the bedside of the sick. Too often it is their misfortune to experience only the base ingratitude of those who, in the first moments of relief, would have kissed their hands as

the kindest of deliverers. None are more competent to bear testimony to the benevolent spirit in which the practice of medicine is conducted than the clergy. They go hand in hand with the physician into the chamber of suffering and meet daily at the same bedside, and none should be able to judge better than they of the character and kindness of medical men. It is indicated in the noiseless tread with which they enter the darkened room, in the subdued and sympathizing tones with which the sufferer is interrogated, in the gentle pressure of the hand upon the body as it is quivering with pain, and in the intense anxiety depicted upon their brow as they combat with their skill the disease which may defy all human skill.

"Knowing how justly this tribute is deserved, the writer seizes this occasion to say that, through an official intercourse with medical men extending over nearly thirty years, he has never found one in their number heartless and insensible; not one, however professionally cold and hard his exterior, who did not at the proper times betray a true sympathy with the sufferings of his fellow-men; not one who failed to represent the spirit of benevolence which underlies his calling; not one who did not deserve to be loved as a brother and trusted as a friend. Though, doubtless, like every other class, made up of mingled good and bad, in no profession are the practitioners more pervaded with the characteristic spirit of their calling than in this, whose very commission is to go about doing good."

OWING to the sad circumstances of last week Dr. L. P. Yandell, jr., was not able to attend to his department of the journal, and a number of typographical errors went uncorrected in the proof of the reviews.

IN our last issue the age of Dr. Lunsford P. Yandell, sr., was wrongly stated. He was born in 1805, and consequently was in his seventy-third year at the time of his death.

THE death of Dr. James Blundell is announced in the British Medical Journal. It occurred at his home in Piccadilly, on January 15th. Dr. Blundell was eighty-seven years old at the time of his death. He was a famous accoucheur in his time, and is still quoted quite often authoritatively by the modern works on obstetrics.

Original.

SALICYLIC ACID AND SALICYLATE OF SODA IN THE TREATMENT OF ACUTE RHEUMATISM.

BY E. E. MILAM, M. D.

In the treatment of acute rheumatism with salicylic acid my experience extends over but one case, and in this the results were by no means satisfactory. Its failure in this instance may have been due, however, to the unusual malignancy (if I may apply this term) of the case. I will give a report of the case farther on. I was led to discontinue the use of salicylic acid and substitute for it the salicylate of soda in the treatment of this disease by having seen Prof. H. Köhler, of Halle, quoted as authority for the statement that "all the remote therapeutic effects of this remedy may be obtained by administering its salt—the salicylate of soda." The idea occurred to me that the salicylate would be even *better* than the acid, from the fact that in its use we would get the benefit not only of the salicylic acid, but also of whatever virtue there is in the alkaline plan of treatment. Sydenham, I believe it was, stated that the best treatment for inflammatory rheumatism was *six weeks*. Many high authorities since the days of Sydenham have doubted the usefulness of any medication for the *cure* of the disease, recommending only the use of opiates and liniments for the relief of sleeplessness and pain, and the use of placebos, such as peppermint-water (see Flint's Practice), otherwise leaving the disease to the *vis medicatrix naturæ*.

The cases I have to report are as follows:

CASE I.—On the 10th of March, 1877, I was called to see A. C., a little girl some eight years of age. She had a high fever, severe headache, some nausea, and complained of pain in all of her limbs. Malarial fevers were prevailing in her neighborhood to some extent at that time; and although the family did not know of her having had a chill, I supposed the case to

be one of remittent fever, and gave her a mercurial purgative and full doses of quinine. On the 11th in the night I was sent for to see her again. Found that the mercurial had acted well, and that the quinine had produced distinct tinnitus aurium; still her fever was higher, and she complained of great pain in elbows, wrists, and knees. On making an examination I found that these joints were enlarged and quite hot. I saw at once that I had a case of acute articular rheumatism. I put her immediately on the salicylic acid treatment, giving her seven-and-a-half-grain doses every four hours. I also ordered for her a dose of the sulphate of morphine combined with nitrate of potash every three or four hours until she was relieved from pain. In spite of this treatment the disease continued to increase in severity; so that by the 14th the pain in her joints, except when she was under the influence of the morphine, was intense, and she could not be moved without suffering the greatest agony. The dose of the acid was now increased to ten grains. No effect, however, was produced upon the disease, and the case continued with increasing severity until the 20th, when she succumbed.

In this case not only the joints were effected, but the *muscles* also became involved, as did the conjunctiva; so that during the last days of the patient's illness her abdomen was distended from swelling of the abdominal muscles and probably inflammation of the peritoneum; also her eyes inflamed and her face so greatly swollen that no one who knew her in health could have recognized in her distorted features those of the same person. Dr. S. C. Edmunds and Dr. R. T. Clark saw this case with me several times.

CASE II.—W. B., a little girl seven years of age, was taken ill on September 5, 1877. I was called to see her on the 6th. She had considerable fever, furred tongue, bowels constipated, and pain in limbs, but no swelling in joints. Malarial history. Gave her five grains of calomel with four of Dover's powder, and prescribed for her twenty-four

grains of sulphate of quinine in eight doses, one to be given every four hours. I saw her no more until the 10th, when I was called upon to visit her again. Learned that she was greatly benefited by the prescription I made at my first visit, but to-day I found her pulse to be eighty-eight to the minute, skin moist; her left elbow and wrist were considerably swollen, as well as hot and painful. I prescribed for her salicylate of soda in fifteen-grain doses, one to be given every four hours. She began to improve within six hours, and I had the satisfaction of learning two days afterward that her rheumatism had entirely disappeared. She had no return of the symptoms.

CASE III.—November 20, 1877, visited C. C.; joints hot and swollen, pulse ninety-six to the minute, skin moist, bowels somewhat constipated. Gave a mercurial purgative and ordered a half ounce of salicylate of soda in eight powders, one to be given every three hours. On the 23d her husband informed me that she was entirely free from pain, and was able to sit up or walk about the room. On the evening of the 24th, however, the joints of her right arm and leg were again inflamed and quite painful. I had the above prescription re-filled, and before she had finished taking it she was entirely free from pain and the swelling was gone. The symptoms returned no more, and she soon regained her usual strength.

CASE IV.—On December 28th of last year I was called to see Miss M. D. Was told that she had been confined to her bed for fifteen days, most of the time suffering acutely with inflammatory rheumatism. During this time she was under the treatment of Dr. D., a very excellent physician of this town, and I presume of course had the benefit of the best treatment known for her disease before the introduction of salicylic acid and its salts. Dr. D.'s business engagements outside of the profession were such that he could not attend to the case; hence it fell under my care. The joints of all her limbs were red, hot, swollen, and extremely painful, she stated. She also complained of great

pain in the region of the heart. The joints of the left side were affected somewhat worse than those of the right, but they were all so much involved that she could not be induced to move either hand or foot or change her position in bed. Profuse perspiration was a prominent symptom in the case. I made for her the following prescription: *R Sodæ salicylatis* ʒss; *div. in chart. No. viij. S.* Give a powder every four hours. This prescription relieved her of the *pain* from which she was suffering almost as effectually as opium would have done; and at my next visit, twenty-four hours afterward, I found her very weak, of course, but entirely recovered from all symptoms of rheumatism except slight swelling of the articulations. I continued the same prescription, except that the interval between the doses was lengthened to six hours, until the 30th, when, the swelling having disappeared and the natural suppleness of the joints returned, I discontinued all treatment except tonics for the improvement of the appetite and strength. She felt no symptoms of her disease, and did well in every particular until the 6th of January, when inflammation again appeared in the left wrist and in the carpal and metacarpal joints of the left hand, and the pulse became accelerated to eighty-six beats to the minute. I had her resume the salicylate in doses of twenty-five grains every four hours for twenty-four hours, when the symptoms had again disappeared. She took twenty-five grains three times a day for some three days more, when she was able to resume her duties as matron of a female college. Since then she has been in the enjoyment of her usual health, and has felt no symptoms of rheumatism.

CASE V.—On January 4th of this year was called to see L. H., a colored woman some twenty-five years of age. Found her suffering with all the symptoms of acute rheumatism, worst in the joints of her right arm, which it was impossible for her to move without suffering great pain. I prescribed for her the salicylate in doses of half a drachm every four hours. Two days later her fever had disappeared and the inflam-

mation was gone from all the joints except the right wrist. I had this joint bathed twice a day with a stimulating liniment, and continued the salicylate in doses of twenty grains every six hours for some four days, by the end of which time she had entirely recovered.

CASE VI.—On the 15th of January, this year, I was called to see Mrs. A. J., whom I found suffering severely with pain in the joints of all her limbs. She was an extremely corpulent woman, and I could not detect any swelling of the joints, though she thought they were somewhat enlarged; they were certainly very hot. I diagnosed acute rheumatism and prescribed the salicylate in doses of thirty grains every four hours. This case yielded more slowly to the salicylate than any other in which I have used it. The medicine nauseated her somewhat, and she could not be prevailed upon to take it with any regularity. When she was suffering severely, however, she would take a dose of the medicine, and it was always followed by almost immediate relief of pain—as she said herself, “just as if she had taken a dose of morphine.” She continued to take the medicine in this way until the 21st of the month, when, as she was no better except when under its influence, I persuaded her to take a dose of the medicine regularly every six hours, in order to eradicate the disease entirely from her system. She took it for two days just as I directed, and at the end of that time she pronounced herself well, and she has continued so up to the present writing.

My success with salicylate of soda in acute rheumatism justifies me, I believe (in so far as I *can* be justified in forming conclusions from the small number of cases in which I have used it), in stating with reference to it what Dr. T. McLayan, in the London Lancet, and quoted in the American Practitioner of 1876, states of salicin, viz: . . . “Given at the commencement of the attack, it seems to arrest the course of the malady as effectually as quinia cures an ague or ipecacuanha a dysentery;” and, I may add, it cures rheumatism much more

effectually than ipecac. does dysentery in my practice; also that “relief of pain is always one of the earliest effects produced.” So much is this the case as applied to salicylic acid that in no instance where I have used this remedy have I had occasion to administer a single dose of opium or any other medicine of that class.

In the only case (Case IV) in which I began this remedy after the first few days of the attack the patient had been ill fifteen days, and its results were as satisfactory as in any of the cases in which its use was begun “at the commencement of the attack.”

PARIS, TENN.

Correspondence.

NEW YORK PROFESSORS.

No. 2.

To the Editor of the Louisville Medical News:

Your readers may have an indistinct recollection of a brief sketch of three prominent professors in New York, which appeared in your journal nearly a year ago. The student who sent you those notes has become sufficiently acquainted with three more to make an effort at least in the presentation of another sketch.

DR. WM. A. HAMMOND, who occupies the professorship of Nervous Diseases in the Medical Department of the University of New York, must be well known as a writer wherever the English language is spoken. Commanding in appearance, he carries conviction to the mind of the student whenever he lectures. Imagine a man of large frame, corpulent (though not to inactivity), over six feet in height, full beard well tinged with gray, and you have the man Dr. Hammond so far as general physique is concerned. His voice is not a musical voice by any means, and after a while it becomes monotonous. His ideas are well expressed, and his diction is easy. I don't think I have ever heard him when he was at a loss for a word. The lectures are well attended, and every body likes to hear him.

You frequently hear the embryonic Esculapius say, as he emerges from the amphitheater, "Well, I do wish I could talk like old Hammond." Now, since I have quoted that remark, it may be as well to give your readers some idea as to the old gentleman's age. He is *not* an old man—not a day older than fifty-six, I should judge. As to his teaching, concerning some things he is very dogmatic, concerning others he is the reverse. On cerebral anæmia and hyperæmia he is very positive in his statements, but as for the treatment of certain nervous diseases he is very candid in proclaiming his failures. After listening to him for several months you feel as if there are a great many things that Prof. Hammond does know, and a few things he does n't know. I am told that he attends few medical societies, but can generally be seen at the Neurological Society. His practice is said to very large and very remunerative, as it should be; he lives in regal splendor on West Fifty-fourth Street, near St. Luke's Hospital, and when he goes out a coach and livery await his bidding. The doctor's society seems much sought after at club-dinners, and his post-prandial speeches are often reported in the daily press.

DR. E. C. SEGUIN,

Professor of Diseases of the Nervous System in the College of Physicians and Surgeons, is yet a young man, although his reputation extends far and wide. To the profession he is known as the editor of the series of American Clinical Lectures. A man of average size—about the medium—compactly built, light complexion, and sandy hair—what a sentimental girl would call auburn—beard as full as nature will permit; a determined look—in fact, the configuration of his face is such as the phrenologist would regard as indicative of firmness. His motions are quick, and yet orderly. In the lecture-room and out of the lecture-room his dignity is never compromised. He is systematic to a fault, and many a lesson of system does he unconsciously impart to the student. As a speaker he is precise, though not to the sac-

rifice of clearness. His lecture strikes you as well studied and carefully prepared. The professor, too, seems as particularly fond of using scientific terms not generally in vogue. You never catch him using a vulgar term when a high-sounding, scientific one can be found to take its place. Many a time I have had to repair to my Dunglison after one of the lectures, and many a time I have breathed a reverent imprecation on Dunglison for not having words that Prof. Seguin has used. Still all this is good for students. They need to be taught in a scientific technicology. Recently he has been giving extra lectures in defense of the localization of cerebral and spinal centers, and the facts arrayed have caused many a medical Agrippa to cry out, "Almost thou persuadest me to be a localizer."

As a society-man the doctor is well known, being president of the Neurological, vice-president of the Pathological, and an active member of the Academy, the County Medical, and the Journal Association. On one occasion I chanced to be present at a meeting of the Neurological, and I was forcibly impressed with the grace and the dignity with which the chair was filled. As a consulting-physician I understand that he is growing in favor daily. He lives in a delightful part of the city as to location, and the same order pervades his household that one remarks in his lectures. I claim no gift of prophecy, yet I can not help but feel that his zeal and hard work will tell in the end, and make him, before he reaches the meridian of life, one of the foremost neurologists of the age.

DR. E. G. JANEWAY,

Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine in the Bellevue Hospital Medical College, is scarcely five-and-thirty years of age, is of slender form, and has the air of a thorough business man. The professor's features are prominent, his hair black, as also a heavy moustache. Dr. Janeway is not a handsome man, but his face is one of those in which a man takes a lively interest,

especially if he has had the opportunity of often seeing that face lightened by animated talk. His lectures are only talks, purely conversational in character. He is keen to observe and equally quick to communicate; he doesn't study diction much, yet he does n't make any grammatical errors. His language is forcible, and the intelligent student does n't grow weary. Case after case he can illustrate from the rich treasure of his well-filled memory. Cautious withal and usually non-committal, he sometimes speaks with a dogmatism that overawes you; and then if the thought occurs to him that a reason is demanded he gives a reason, if not always satisfactory, at least one hard to set aside. A man who has had a ten-year's experience in the dead-house of Bellevue Hospital has certainly some claims to authoritativeness. Prof. Janeway, with all his ability, is not, I believe, a popular lecturer; students do not fill the amphitheater as they do when Loomis or Thomas or Sayre are the lecturers. Second- and third-course students and old practitioners who are spending a winter in New York for the purpose of "brushing up" make it a point to be present always when "Young Janeway" has any thing to say. He attends regularly the Pathological Society meetings, and has just served a term in the presidential chair of this society. I know of no man who seems capable of doing more work than he; as health commissioner, as professor filling two chairs in one of the largest medical colleges in the country, as pathologist to Bellevue Hospital, as visiting physician to the same, as pathologist to one or two other hospitals, and as general practitioner, he never seems at a loss for time. I have been told that he will spend hours over an autopsy, will spend hours over a microscopical examination for a brother practitioner, and one wonders how he manages to so economize his time that all these duties can be attended to without any complaint. He lives near Madison Square, and is surrounded, so students say, by a small yet charming family.

NEW YORK.

MARO.

Reviews.

The Science and Art of Surgery: being a Treatise on Surgical Diseases, Injuries, and Operations. By JOHN ERICHSEN, F. R. S., F. R. C. S., Surgeon Extraordinary to Her Majesty the Queen; Member of Council and of the Court of Examiners of the Royal College of Surgeons; Emeritus Professor of Surgery and of Clinical Surgery in University College; Consulting Surgeon to University College Hospital, and to various medical charities. Revised by the author from the seventh and enlarged English edition. Illustrated with eight hundred and sixty-two engravings on wood. Two volumes, pp. 950 each. Philadelphia: published by Henry C. Lea. 1878. Louisville: John P. Morton & Co. Price, cloth, \$8.50; sheep, \$10.50.

The announcement that a new edition of Erichsen's Surgery has been issued will be received with intense pleasure by all lovers of the art. They will be glad also to learn that the present edition is not merely a reprint of the one which preceded it, with the addition perhaps of a few sentences here and there, and an occasional illustration, by which means so often authors and publishers keep a work before the public; but that the treatise, from one end to the other, has been thoroughly and conscientiously revised by its renowned author. Matter which had become obsolete in the swift advance of surgery has been left out, whole chapters have been rewritten, and every modern improvement in the art of surgery has been noted. One hundred and fifty new woodcuts also add to the usefulness of the work in its present shape.

Mr. Erichsen, in the preface to this edition, lays down the following very important laws in regard to the duties of a surgical teacher:

"It is not sufficient for the Teaching of a Scientific Art, such as Surgery, to be sound in those General Laws that constitute its Principles. It must also be accurate in those minute details that are necessary to its successful Practice, and, above all, just in its estimate of the labors of others.

"A Teacher of Surgery, who seeks to give a true and impartial view of the subject of his tuition, is placed in much the same position as a Judge who is summing up a great cause.

"He must endeavor to divest himself of the trammels of the Schools—to free himself alike from the partisanship of individual bias and the antagonism of professional prejudice.

"He must lay down clearly the broad General Principles on which the Case rests; detail its facts in an orderly and succinct manner, draw those deductions which legitimately flow therefrom, and guide his Pupils to arrive at just conclusions by the light of his own more matured and extended experience.

"Feeling deeply the responsibilities that thus attach themselves to him as a Teacher, the Author has spared no exertion in endeavoring to render the Seventh Edition of 'The Science and Art of Surgery' worthy of the continued confidence of the Profession."

The wisdom of these words, and the aptness of the illustration used, must forcibly strike every reader; and he who examines the pages which follow them will find that Mr. Erichsen has been in all things the impartial judge which he had laid down for his model.

Upon subsequent occasions we will examine more minutely the contents of the seventh edition of Erichsen, believing that we can not use space better than in presenting the advances of surgery noted by the great English master. Our present notice is to call attention of our readers to the fact that a new edition is out.

Books and Pamphlets.

ON THE TREATMENT OF PSORIASIS BY AN OINTMENT OF CHRYSOPHANIC ACID. By Balmanno Squire, M.B., London, Surgeon to the British Hospital for Diseases of the Skin. London: J. & A. Churchill, New Burlington Street. 1878.

UEBER DIE ERNAHRUNG DER SAUGLINGE MIT KUHMITELCH. Von Dr. W. Zuelzer. (Aus den Vorlesungen über Hygiene und Medicinal-Statistik im Sommer-Semester 1877 an der Berliner Universität.)

CLINICAL GYNECOLOGY. By W. H. Wathen, M.D., Clinical Lecturer on Diseases of Women and Children, Louisville Medical College; Surgeon to the Female Department, Louisville City Hospital, Louisville, Ky. From the January and February numbers of the Richmond and Louisville Medical Journal. Louisville: Richmond and Louisville Medical Journal Book and Job Steam Print. 1878.

ADDRESS IN OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN. Delivered at the Twenty-eighth Annual Meeting of the American Medical Association. By James P. White, M. D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the University of Buffalo, Fellow of the American Gynecological Society, etc.; Chairman of the Section of Obstetrics. Reprinted from the Transactions of the Association. Philadelphia: Collins, printer. 1877.

ANNUAL REPORT OF THE AUDITOR OF PUBLIC ACCOUNTS OF THE STATE OF KENTUCKY FOR THE FISCAL YEAR ENDING OCTOBER 10, 1877. D. Howard Smith, Auditor; James M. Withrow, Assistant. Frankfort, Ky.: S. I. M. Major, Public Printer, Kentucky Yeoman Office. 1877.

Miscellany.

RELATION BETWEEN THE CEREBELLUM AND THE SEXUAL ORGANS.—To continue what I have to say, I have to mention a fact which has been the subject of great discussion, and that is, the influence which, as has been supposed, the cerebellum exerts upon the sexual organs. It has been said that the cerebellum is the nervous center which presides over sexual desire. Certainly there are cases in which, that organ being diseased, there has been loss of sexual power. At the same time just the reverse may be true, and with inflammation affecting those parts there may be an increase of sexual power and desire. Inflammation affecting the cerebellum may cause either loss or increase of sexual power. Still more, examination of an immense number of cases brings us to the conclusion that there is no definite relation between sexual power and the cerebellum; for an immense number of cases are found in which there was no change whatever in sexual power and desire, although the cerebellum was extensively diseased. There is upon record a most remarkable case which goes to establish what I have been saying. It was a case in which there occurred the most important destruction of the cerebellum known; there was no trace of the cerebellum found at autopsy, and the pons varolii was very much

diminished in size, due to absence of the fibers which go into the cerebellum. In that case, if the cerebellum is the nervous center that presides over the sexual organs, there would have been present phenomena which are quite different from what was developed; for the patient—a girl—was addicted to masturbation to a most wonderful degree. We can not say that her excessive sexual desire was due to irritation in the cerebellum, for that portion of the brain was entirely absent. In that case there was, on the one hand, an entire absence of the cerebellum, and on the other there was constant sexual excitement. If the cerebellum is the nervous center for the sexual organs, these two facts cannot be reconciled.—*Dr. Brown-Séquard, in a Lecture in the Medical Record.*

MALT, as an antiscorbutic, had a reputation so far back as the reign of Elizabeth in England, for Hakluyt writes that hogsheads of ale were considered important adjuncts in victualing a ship in those days; and Glauber, the celebrated chemist, in a tract entitled "Consolation for Mariners," written about the beginning of the seventeenth century, strongly advocates the claims of malt or sweet-wort as a preventive or remedy for scurvy. Dr. Ralfe, says the Lancet, has tried malt-extracts in a case of scurvy in the Seamen's Hospital, with the effect of improving the patient, although partaking of a strictly "scorbutic" diet at the time.

DEATH-RATES.—With the exception of Calcutta and Madras, St. Petersburg returned the highest death-rate last week of any city in the world from which the Registrar-general receives statistics; viz. forty-four per one thousand of its population.—*Med. Press and Circular.*

GLYCERINE FOR HEMORRHOIDS.—David Young, M. D., of Florence, Italy, states, in the Practitioner, that glycerine in two- or three-drachm doses, in water, morning and night, is an excellent remedy for hemorrhoids.

REFLEX, ECCENTRIC, OR IRRITATIVE ALBUMINURIA.—Dr. G. de Gorrequer Griffith reports, in the Practitioner, a case of this hitherto undescribed form of albuminuria, arising from irritant dressings to a fistula in ano, which excited sympathetic irritation in the urethra, and thereby induced the albuminuria. Dilation of stricture of the urethra, lithotripsy, etc., he says, often bring on irritative albuminuria, and from this not a few patients lose their lives, he thinks.

ECONOMY OF SOFT WATER.—The borough analyst reported to the Liverpool Water Company, recently, that by an increased supply of Rivington water to the Kensington district a larger proportion of soft water was given to the latter district, and this effected a decrease in the waste of soap, which amounted, on a very low estimate, to at least £3,000 per annum for every 100,000 inhabitants.

AMERICAN GUM ARABIC.—The mesquite gum of western Texas is almost identical with gum arabic. During the past year it has become an article of export, some twelve thousand pounds having been gathered in Bexar County, and as much more between that and the coast. The gum exudes from the stem and the branches of the mesquite, a mimosa, several species of which grow in Texas, New Mexico, and Arizona.

MR. SWANZY, at a late meeting of the Dublin Obstetrical Society, called attention to the uterus as a source of eye-disease. He mentions iritis, neuro-retinitis, apoplexia of the optic nerve and retina, atrophy of the optic nerve, and an infection called kepiopia hysteria, as dependent on uterine disorder, and brought forward examples from his own experience and that of others to prove the connection.

DR. CURRIE, in his work on Fevers in 1800, recommended the thermometer as a means of diagnosis.

Selections.

Case of Rupture of the Gall-bladder.—In the Berlin Charité-Annalen, 1877, second volume, Eichhorst describes the case of a woman aged sixty-two, who, after having suffered several times from gall-stones and jaundice, observed for some time a dark green coloring of the skin in the right hypochondrium. As this increased in extent, she was admitted into hospital, where necrosis of the skin was found to extend over a space limited by the lower border of the ribs, the middle line, the right Poupart's ligament, and the axillary line. Sensation was completely lost. In a circumscribed spot, corresponding with the region of the gall-bladder, there were fluctuation and tenderness. On the day after her admission the skin over this part burst, and a hundred cubic centimetres of bile escaped, partly spontaneously and partly on pressure. A probe passed into a cavity of smooth yielding walls, which appeared irregular only above. After the removal of the necrosed abdominal wall the fascia of the muscles was exposed as if dissected. There was no icterus; the fæces were brimstone-colored; the urine was free from biliary coloring matter. In the course of three weeks the fistulous opening gradually closed, and almost at the same time the sclerotic and very soon the abdominal wall became jaundiced. The urine and fæces remained permanently free from biliary coloring matter. Some days later the wound assumed a diphtheritic appearance, the sensorium became affected, coma ensued, and the patient died. The amount of bile discharged through the fistula on each day after the first averaged eighteen and six tenths cubic centimetres, never exceeding twenty-five cubic centimetres. On *post-mortem* examination the cæcum and transverse colon were found adherent to the right half of the abdominal wall. The fistulous passage showed during life led into a cavity as large as a hen's egg, lying beneath the gall-bladder, and bounded by false membranes deposited about the gall-bladder and liver. This cavity communicated, by an opening of the size of a pea, with the gall-bladder, which was full of gall-stones. The bile-ducts both within and outside the liver were much dilated. There were multiple abscesses in the liver and medullary cancer of the duodenum at the entrance of the ductus choledochus.

The discharge of the bile into the peritoneal cavity without causing pain is interesting, as is also the small quantity of bile that was discharged daily. This quantity—which never exceeded twenty-five cubic centimetres—represented nearly the total amount of bile excreted, since (as examination of the urine and fæces proved) none of it was absorbed or passed into the intestine. Eichhorst used this case for making

experiments on the absorption into the bile of salicylic acid, sugar, and muriate of quinine; none of these were excreted with the bile, but were found in the urine. The result was the same, whether they were given by the mouth or by enema.—*London Med. Record*, Nov. 15, 1877.

Thoughts Relating to the Prognosis and Treatment of Diphtheria.—Dr. D. H. Hayden, in an article in the Boston Medical Journal, gives the following:

1. The specific principle of diphtheria in all probability enters the blood, in ordinary cases, through the lungs; and after an incubative period, which varies from a few hours to seven or eight days, produces the symptoms which characterize the disease.
2. Facts do not justify the belief that the system can be protected by antiseptic or preservative medicines administered internally. A quantity of this kind of medicine introduced into the system, sufficient to preserve the blood and tissues from the action of the diphtheritic virus, would, there is every reason to think, be so large as to arrest molecular action, and therefore the functions of organs, and occasion death.
3. There is no known antidote for diphtheria in the sense in which quinia is an antidote for malarial diseases, and no more probability that such an antidote will be discovered than for scarlet fever or typhoid fever.
4. Diphtheria, like erysipelas, has no fixed duration. It may cease in two or three days or continue as many weeks, but the specific poison acts with more intensity in the commencement than subsequently, and its energy gradually abates. Hence a diphtheritic inflammation which arises in the beginning of diphtheria, as laryngitis, is more severe and dangerous than when the malady has continued a few days.
5. The indication of treatment is to sustain the patient by the most nutritious diet, by tonics and stimulants, and to employ other measures, general and local, as adjuvants, to meet special indications which may arise. The rules of treatment appropriate for scarlet fever apply for the most part to diphtheria. Local treatment of the inflammations should be un-irritating and designed to prevent putrefactive changes and septic poisoning. Irritating applications which produce pain lasting more than a few minutes, or which increase the area or degree of redness, are apt to do harm and to increase the extent and thickness of the pseudo-membrane.

The Subcutaneous Injection of Defibrinated Blood.—Dr. Schmeltz, of Schlestadt, reports (*Annales et Bulletin de Gand*, June) a case of consumption with great weakness and intense anæmia, in which subcutaneous injection of defibrinated blood

was employed. The patient was first seen by Dr. Schmeltz in March, 1874; he was then over sixty years of age, had been sick for a long time, and was confined constantly to his bed in consequence of extreme weakness. He was much emaciated, and almost all over his lungs there was dullness, bronchial breathing, and moist râles. He had hectic, and suffered from neuralgic pains, from frequent attacks of syncope, and from dyspnoea. His stomach soon became weak, and neither food nor medicines could be retained. Dr. Schmeltz then determined to try subcutaneous injection of defibrinated blood, which had been first recommended by Dr. Karst, of Kreuznach. The blood used was taken, by cupping, from the back of the patient's son, and was carefully defibrinated. Eight injections of five grammes (seventy-seven grains) each were made into the arms and legs at one sitting, consequently forty grammes (ten and a quarter drachms) in all were injected. The swellings caused by the injections had disappeared at the end of the second day. The operation was followed by a very rapid improvement in the general condition of the patient. His appetite returned; the pulse became dull and firm, and eighty per minute; the neuralgia, anxiety, palpitations, and extreme weakness were relieved, and he was able to sleep. Eight days after the operation he got up, and convalescence was thenceforth uninterrupted. The patient is still living and in good health. During the last two years he has required no medical treatment.

Dr. Schmeltz thinks that this case proves that the hypodermic injection of blood may prove useful in many cases where transfusion is indicated, especially in cases of anaemia in which the stomach rejects all nourishment and medicine.—*London Med. Record*, Nov. 15, 1877.—*Monthly Abstract of Med. Science*.

Continuous Currents in the Treatment of Ulcers, and Particularly Atonic Ulcers.—The following cases are published by M. Staes-Brame in the Bulletin Medical du Nord. The first is that of a man aged thirty. He had suffered for two years from large atonic ulcers on the legs. M. Staes-Brame had entirely cured one of the ulcers and greatly ameliorated the other by prolonged rest, compression, and tonics. That of the right leg, which formerly measured four inches by three quarters of an inch, was reduced to a small wound less than two fifths of an inch in diameter, covered by a cicatricial pellicle, when, by some unknown cause, in twenty-four hours the whole of the former surface of the ulcer became denuded and discharged bloody serum. M. Staes-Brame determined to apply the constant current. He covered the wound with a plaque of metal, which he put into communication with the negative electrode, the positive pole being applied to the skin of the thigh. In ten minutes the wound became pale; the

next day it had diminished by one half; re-application of the current for ten minutes, and the following day the cure was complete. The subject of the second observation was a workman who had been burnt on the foot by a quantity of concentrated sulphuric acid. The eschar left a deep ulcer, which defied treatment. M. Staes-Brame tried the continuous current in the same manner as before. After eleven applications, of ten minutes each, the wound had completely cicatrized.—*Brit. Med. Jour.*

Cause of Cretaceous Degeneration of the Arteries.—Gubler, in his recent researches as to the causes of cretaceous degeneration of the arteries, made the very interesting discovery that a principal cause lies in a vegetable diet, and thus explains the frequency of cretaceous arteries among the French rural population at the early age of forty. Further proof he finds in the fact that the Trappists, who live exclusively on vegetable food, very soon show arterial degeneration. In districts where chalky soils load the drinking-water with earthy salts a vegetable diet acts more rapidly in affecting the arteries than in regions of siliceous formation. In the Bulletin de la Société de Médecine, etc., may be found M. Gubler's paper on this subject.

Death from Podophyllin.—Dr. Leale reports, in the Medical Record, two cases of death produced by the administration of podophyllin. The dose prescribed by Stillé is two grains, but one and one half grains had been administered to a woman in the sixth month of pregnancy. It produced an active effect, and the movements of the fetus ceased. He was called in consultation, and was not able to discover any fetal heart-beats. The child was carried to term, and when delivered had the appearance presented at six months' development.

In the second case a horse-farrier, accustomed to prescribe for horses, took twenty grains, and a fatal effect was produced.

Table-salt in Milk for Children.—Dr. Q. C. Smith, of Cloverdale, conveys a valuable hint in the following note: "When cow's milk is found to disagree with hand-fed babies or small children, it may in many cases be rendered entirely wholesome to them by adding to it a small portion of table-salt; just enough to be perceptible to the taste. I have for years directed the practice of this expedient among our people, and know it to be of real value.—*Pacific Med. and Surg. Jour.*

A letter to the Medical Times and Gazette reports a prolonged case of pregnancy, the child having been born upon the three hundred and twenty-fifth day.—*Boston Med. and Surg. Jour.*